**Depression Screening**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Over the past two weeks how often have you been bothered by any of the following problems? | Not at all | Several days | More than half the days | Nearly every day |
| Little interest or pleasure in doing things |  |  |  |  |
| Feeling down, depressed, or hopeless |  |  |  |  |
| Trouble falling/staying asleep, or sleeping too much |  |  |  |  |
| Feeling tired or having little energy |  |  |  |  |
| Poor appetite or overeating |  |  |  |  |
| Feeling bad about yourself, or that you are a failure, or have let yourself or your family down |  |  |  |  |
| Trouble concentrating on daily tasks |  |  |  |  |
| Moving or speaking so slowly that other people could have noticed, or being so fidgety or restless that people could have noticed |  |  |  |  |
| Thoughts that you would be better off dead or of hurting yourself in some way |  |  |  |  |

**Anxiety Screening**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Over the last two weeks, how often have you been bothered by the following problems? | Not at all | Several days | More than half the days | Nearly every day |
| Feeling nervous, anxious, or on edge |  |  |  |  |
| Not being able to stop or control worrying |  |  |  |  |
| Worrying too much about different things |  |  |  |  |
| Trouble relaxing |  |  |  |  |
| Being so restless it is hard to sit still |  |  |  |  |
| Becoming easily annoyed or irritable |  |  |  |  |
| Feeling afraid as if something awful might happen |  |  |  |  |

If you checked yes to any of these problems, how difficult have they made it for you to work, take care of things at home or get along with other people?

Not difficult at all Somewhat difficult Very difficult Extremely difficult